MEDRX

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Notice of Independent Review Decision

DATE OF REVIEW: 9/5/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of Cervical Steroid Injection 62310, 77003, 72275, 01992

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒Upheld (Agree)
☐Overturned (Disagree)
☐Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Cervical Steroid Injection 62310, 77003, 72275, 01992.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Workers Compensation Services, Associates, Group
These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Workers' Compensation Services
Denials- 7/20/12, 7/5/12
Associates
Office Notes- 7/24/12, 6/15/12, 6/28/12

Final Report- 6/21/12
Progress Note- 6/6/12, 6/28/12

Records reviewed from Associates
TWC
Work Status Report- 8/21/12, 7/24/12, 6/28/12
Associates
Office Notes- 8/21/12
Physical Therapy Order- 7/24/12

Records reviewed from Group were duplicates.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The Attending Physician's records were reviewed. The Attending Physician's patient has had neck and shoulder pain (with cuff weakness) after a workplace-associated injury. The most recent Attending Physician record dated xx/xx/xx reiterated shoulder, biceps and triceps weakness. It also discussed prior electrical studies evidencing long thoracic neuropraxia and possible brachial plexopathy. The injury mechanism of a cervical/brachial plexus traction injury was discussed on xx/xx/xx, a date at which it was noted that the patient had responded "well" to a prior Epidural Steroid Injection. A 6/21/2012 dated cervical MRI has revealed multi-level stenosis, degenerative changes and a disc-osteophyte complex at C6-7. A shoulder MRI was negative for a tear, also as of 6/21/12. Prior denials discuss that the neurological examinations have not revealed objective evidence of radiculopathy and that Physical Therapy records were not provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Recommended denial of requested services. Recent and comprehensive detailed non-invasive treatments have not been documented to have been tried and failed. This would typically include Physical Therapy records. In addition, guidelines would also only support a repeat Cervical Epidural Steroid Injections in cases in which more than a 50% response in pain relief and/or medication usage was documented to have occurred (over a 6-8 week period). This was not evident within the submitted records. Therefore, ODG criteria for a repeat Cervical Epidural Steroid Injection has not been met at this time.

Criteria for the use of Epidural steroid injections, therapeutic:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
(3) Injections should be performed using fluoroscopy (live x-ray) for guidance

(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
(8) Repeat injections should be based on continued objective documented pain and function response.
(9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.
Criteria for the use of Epidural steroid injections, diagnostic:

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)